

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016338

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 280

Primary Registration District No.

Registrar's No. 36

FILED MAY 7 1962

1. PLACE OF DEATH  
a. COUNTY

Platte

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  
a. STATE Mo b. COUNTY Platteb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ParkvilleLength of stay in 1b  
accidentc. CITY  
OR TOWN ParkvilleInside Limits  
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Hwy # 71 6 miles N.W.

Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
6823 BerkleyReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

James Charles Clay

4. DATE OF DEATH  
Month Day Year

April

28

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/28/32

9. AGE (last birthday)

30

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, if none, give last)

Foreman B.P.O. Elks

10b. KIND OF BUSINESS OR INDUSTRY

Trim

11. BIRTHPLACE (City and state or country)

Kansas City, Mo

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Leslie Ray Clay

13b. MOTHER'S MAIDEN NAME

Margaret Moley

14. NAME OF HUSBAND OR WIFE

Anna Jane Clay

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, or, unknown) (If yes, give dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Anna Jane Clay 6823 Berkley, Parkville

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a)

BROKEN NECK &amp; HEAD INJURY

INTERVAL BETWEEN ONSET AND DEATH

20 MIN.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Auto Accident

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
Accident

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_, and last saw her alive on \_\_\_\_\_  
Death occurred at APPROX 2 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, or REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATOR

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Leland H. Francis Parkville Mo May 1-1962 Upha Rollins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0830

2 0830

3

4 0

5 1

6

7 0

8 2

9 X

10

11 083

12 91-3

13 1-0

MAY 28 1962

MAR 5 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.